CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS OLITICAL Official Use Only

PRACTICES COMMISSION **COVER PAGE**

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AINTERO //II	IDRE
Office, Agency, or Court	•
Agency Name CITY OF EL MONTE	
Division, Board, Department, District, if applicable	Your Position
EL MONTE CITY COUNCIL	MAYOR
▶ If filing for multiple positions, list below or on an attachment.	
Agency: See attachment	Position:
Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	
City of EL MONTE	
Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left/
The period covered is, the December 31, 2012.	· · · · · · · · · · · · · · · · · · ·
Assuming Office: Date assumed//	The period covered is
Candidate: Election year and office so	ought, if different than Part 1:
Schedule Summary	Tatal number of names including this cover page.
Check applicable schedules or "None."	Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- None - No reportab	ole interests on any schedule
nterest and in any attached schedules is true and complete. I doct	
I certify under penalty of perjury under the laws of the State of	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM	700		
Name	JWWISSION		
Andre Quintero			

	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
AHMC GREATER EL MONTE COMM. HOSPITAL	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1701 SANTA ANITA AVE, S. EL MONTE, CA 91733	*
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOSPITAL-MEDICAL SERVICES	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
BOARDMEMBER-BOARD OF DIRECTORS	1
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☑ \$500 - \$1,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
STIPEND	
✓ Other (Describe)	Other (Describe)
	1
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	OD
	nding institutions, or any indebtedness created as part of a
retail installment or credit card transaction, made in the	lender's regular course of business on terms available to
members of the public without regard to your official sta	itus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
NAME OF LENDER*	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable)	5:
	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
	INTEREST RATE TERM (Months/Years) %
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Andre Quintero

► NAME OF SOURCE (Not an Acronym) AMERICAN RECLAMATION	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 4560 DORAN ST, LOS ANGELES, CA 90039	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE WASTE DISPOSAL	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 07 , 12	\$
12 , 07 , 12	
<u></u> \$	
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
\$	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
	\$
	\$
•	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	700
Name	2
Andre Quintero	

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym) CA CENTER FOR PUBLIC HEALTH ADVOCACY	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) PO BOX 2309	ADDRESS (Business Address Acceptable)
CITY AND STATE DAVIS, CA 95617	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE Sol (c)(3) NON-PROFIT HEALTH ADVOCACY	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 06 , 06 , 12 . 06 , 08 , 12 AMT: \$ 1,436.00	DATE(S):/ / AMT: \$
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
TRAVEL/HOTEL/CONFERENCE REGISTRATION	
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift ¬ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
•	:-
Comments:	
	•

ANDRE QUINTERO: FORM 700: STATEMENT OF ECONOMIC INTERESTS

Other Agencies:

- 1) City of Los Angeles
- 2) City of El Monte
- 3) El Monte Community Redevelopment Agency
- 4) El Monte Housing Authority Agency
- 5) El Monte Water Authority Agency
- 6) El Monte Public Financing Authority Agency
- 7) Los Angeles County Sanitation District No. 15
- 8) San Gabriel Valley Mosquito & Vector Control District
- 9) (ACE) Alameda Corridor East Gateway to America Construction Authority
- 10) (SCAG) Southern California Association of Governments
- 11) Oversight Board to the Successor Agency